

League Information Registration: May 21 - June 3, 2014 Late Registration: June 4 - 10, 2014 (add 10% fee)

Fees: \$70 / \$80 Individual (resident/non-resident) \$330 / \$350 Team (resident/non-resident)

Coach's Meeting: June 14, 2014 @ 9:30am (CAC)
Season Dates: July 12 - August 16, 2014

Play OFTEN - Play GRAPEVINE playgrapevine.com 817-410-3470- Office

Summer 2014 Youth Volleyball Registration Form

Parent or Coach Name:	Partici	pant/Team Name:
Address:		City:Zip:Zip:
Home/Work Phone:		
Email Address:		
Player Information: Age as of September 1, 2013		
Gender:Birthdate:Age:Grade:Height:_ School:		Please Indicate Jersey Size:
Number of Years in Youth Volleyball Program:		Youth SizesYS (6-8)YM (10-12)YL (14-16) Adult SizesASAMALAXL

Please Indicate Desired division of play below:

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Individual Resident: (\$70 per child) Individual Non-Resid	lant. (\$90 00 nor abild
ingiviqual Resident: (5/0 per child) individual Non-Resid	lent: (580.00 per chiia

8 & under Girls 10 & under Girls 12 & under Girls 14 & under Girls (612406-12) (612400-12) (612401-12) (612402-12)

Team Resident: (\$330.00 per team)

Team Non-Resident: (\$350.00 per team)

8 & under Girls 10 & under Girls 12 & under Girls 14 & under Girls (612407-12) (612403-12) (612404-12) (612405-12)



I/WE THE PARENTS AND/OR GUARDIANS OF THE ABOVE NAMES CHILD DO HEREBY GIVE MY/OUR APPROVAL OF MY/OUR CHILD'S PARTICIPATION IN ANY AND ALL OF THE ACTIVITIES. I/WE DO FURTHER HEREBY RELEASE, ABSOLVE, INDEMNIFY, AND HOLD HARMLESS THE CITY OF GRAPEVINE AND ITS EMPLOYEES, ACTIVITY OFFICIALS, ACTIVITY SUPERVISORS, ANY OR ALL OF THEM IN THE EVENT OF ANY ACCIDENT, INJURY, OR DEATH SUSTAINED BY MY/OUR CHILD WHILE BEING TRANSPORTED TO OR FROM AN ACTIVITY, OR WHILE PARTICIPATION IN ANY ACTIVITY FROM ANY LIABILITY OF ANY KIND WHATSOEVER. I ALSO GIVE PERMISSION FOR ANY PHOTOGRAPHS TAKEN DURING THESE ACTIVITIES TO BE USED FOR PROMOTIONAL USES FOR THE PARD IN THE FUTURE. I FURTHER UNDERSTAND THAT THE SHIRT SIZE FOR MY CHILD INDICATED BELOW IS THE SIZE I DESIRE FOR HIM/HER. I UNDERSTAND THAT IF THE SHIRT DOES NOT FIT HIM/HER, I WILL BE RESPONSIBLE FOR REIMBURSING THE CITY OF GRAPEVINE THEIR DIRECT COST OF RE-ORDERING THE SHIRT. I ALSO FULLY UNDERSTAND THAT THERE ARE NO GUARANTEES ON TEAM OR COACH PLACEMENT FOR MY CHILD REGARDLESS OF ANY REASON(S) WHATSOEVER.

PARENT/GUARDIAN SIGNATURE		DATE	
Please check the areas you are willing to assist with: Coach	Asst. Coach	Name:	Phone: